

National Fund for Christian Science Nursing Annual Financial Disclosure Worksheet

Today's Date

Please print and complete this worksheet before starting the application and note the following:

- **This worksheet is not the Annual Financial Disclosure. This worksheet is for your use only to aid in completing the online form. Please do not submit this worksheet.**
 - “Grantee” refers to the patient.
 - The questions below pertain to the grantee’s household. For example, if the grantee is married, income should reflect the couple’s combined income.
 - We do not need exact figures; reasonable estimates will work for us. The online form will not accept decimals, so you will be asked to round your figures.
- 1) The National Fund for Christian Science Nursing is intended to make Christian Science nursing a financially viable option for anyone who chooses this form of care. However, the Fund is not designed to cover all costs.
- In a typical month, how much have you been paying from your own resources for Christian Science NURSING bills? How much, if any, is past due?
 - In a typical month, how much have you been paying from your own resources for Christian Science PRACTITIONER bills? How much, if any, is past due?
 - In a typical month, how much have funders other than NFCSN contributed to your CS nursing and/or practitioner bills?
- 2) Did (or will) the grantee file a federal income tax return (IRS Form 1040) this year?
- 3) Does the grantee own or pay rent on his/her primary residence? If he/she owns the home, what is the street address?
- 4) How many people reside in the grantee’s household? If the grantee lives alone or resides in a facility, the household = 1. If a spouse, parents, children, or other dependents live in the home, the household is the total number of people living in the home.
- 5) How much does the grantee spend per month on housing? You may round to the nearest \$100.

Rent or mortgage (include second mortgage)	\$ _____
Property tax on primary residence*	\$ _____
Homeowner’s or renter’s insurance*	\$ _____
Co-op or homeowner association fees*	\$ _____

* If the mortgage or rent payment includes property tax, insurance, or association fees, you don’t need to itemize them separately.

6) What is the gross monthly income for the grantee's household? You may round to the nearest \$100.

Employment income	\$ _____
Rental property net income – provide street address(es)	\$ _____
Business income	\$ _____
Pension income	\$ _____
Annuity income	\$ _____
IRA distributions	\$ _____
401(k) distributions	\$ _____
Roth IRA distributions	\$ _____
Investment income (e.g., interest, dividends, income from the sale of investments)	\$ _____
Trust distributions	\$ _____
Social Security income	\$ _____
Social Security Disability income	\$ _____
Reverse mortgage income	\$ _____
Financial support from others (e.g., regular support from family or friends)	\$ _____
Other income	\$ _____

7) What are the combined assets of the grantee's household? You may round to the nearest \$100.

Home – value of primary residence*	\$ _____
Real estate excluding primary residence* (e.g., rental, vacation, business property, etc.)	\$ _____
Cash & checking accounts	\$ _____
Health savings account (HSA)	\$ _____
Other savings accounts and CDs	\$ _____
Stocks, bonds, and mutual funds	\$ _____
401(k) accounts	\$ _____
Individual Retirement Accounts (IRAs)	\$ _____
Annuities	\$ _____
Simplified Employee Pensions (SEPs)	\$ _____
Assets held in Trust	\$ _____
Cash value – not death benefit – of life insurance	\$ _____
Leisure vehicles – not primary transportation (e.g., boats, RVs, collectible cars, etc.)	\$ _____
Other assets (e.g., cryptocurrencies, minerals, collectibles, etc.)	\$ _____

* Websites such as zillow.com and realtor.com provide estimates of home value. On the home page of their websites, simply enter the property address.

For each property, please provide the street address, value, and amount owed.

8) What are the combined liabilities of the grantee's household? You may round to the nearest \$100.

Mortgage balance (include second & reverse mortgages)	\$ _____
Home equity loan	\$ _____
Auto loans	\$ _____
Student loans	\$ _____
Credit cards – only the portion carried as debt and not paid off each month	\$ _____

9) Donors often ask us questions about the impact of the National Fund. We'd appreciate your input on two such questions. These questions are optional and will not have a bearing on the grant.

- Has the Christian Science nursing care and/or this Fund had an impact on the grantee or the grantee's family?
- Do you have any concerns or grievances about the Fund and/or The Principle Foundation's administration of it?

When you submit the online form, you will receive an email that will tell you if additional documentation is needed, and if so, how it can be submitted. Additional documents that may be needed are:

- a complete copy of the grantee's most recent tax return including IRS Form 1040 and all associated schedules
- grantee's [Social Security Benefit Verification Letter](#)
- if married, the grantee's spouse's [Social Security Benefit Verification Letter](#)
- Trust documents

Please return to nfcsn.org/afd to complete the online Annual Financial Disclosure.